

STATE OF VERMONT  
HUMAN SERVICES BOARD

In re	)	Fair Hearing No. 18,918
	)	
Appeal of	)	
	)	

INTRODUCTION

The petitioner appeals the decision by the Department of Prevention, Assistance, Transition, and Health Access (PATH) requiring her to pay program fees and imposing co-payments for pharmaceutical coverage under the Vermont Health Access Program (VHAP).

FINDINGS OF FACT

1. The petitioner is a single woman. The petitioner does not dispute that she received timely notice from the Department regarding the termination of her Medicaid and her eligibility for VHAP effective March 1, 2004 based on her income as reported pursuant to a routine review of her eligibility in December 2003. At the initial fair hearing in this matter, held by phone on March 9, 2004, the petitioner disputed the amount of unearned income the Department had used in determining her eligibility. The matter was continued to allow the petitioner and the Department to try to determine the source of this discrepancy.

2. At a second phone hearing, held on April 13, 2004, the petitioner admitted that the Department had correctly

determined her income for purposes of Medicaid and VHAP eligibility and in determining the amount of her VHAP premium. However, she stated that she wished to appeal the imposition of a premium for VHAP and the requirement under that program that she incur co-payments for the purchase of prescription medications.

3. There is no dispute that because of her medical condition the petitioner has high pharmacy expenses, and that the VHAP premiums and co-payments are a burden for her in light of her limited income.

ORDER

The decision of PATH is affirmed.

REASONS

In response to a legislative directive (Act 66 of 2003) to enact cost-savings measures designed to sustain the public health care assistance programs, PATH adopted regulations establishing monthly "premiums" to be paid prospectively by VHAP recipients beginning on January 1, 2004. VHAP 4001.91, Bulletin No. 03-17F. The regulations were adopted by an expedited rulemaking process authorized by the legislature at section 152a of the above-cited Act. In addition, VHAP, unlike Medicaid, imposes co-payments for most covered medical services. W.A.M. § 4001.92.

Although the imposition of premiums and co-payments was sudden and drastic for the petitioner when she became

ineligible for Medicaid and was switched to VHAP, it is clear that PATH acted correctly within the directive of the legislature and pursuant to its own regulation in imposing these fees on the petitioner.<sup>1</sup> Inasmuch as the Department's decision was in accord with the pertinent regulations the Board is bound to affirm. 3 V.S.A. § 3091(d), Fair Hearing Rule 17.

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<sup>1</sup> The petitioner is advised that she can count all her VHAP premiums and co-payments toward her Medicaid spend-down. If the petitioner has any questions about this she should call the Department's HAEU division at the phone number that appears on her VHAP notices.